

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
FEC MAIL CENTER  
Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12 FEB 2015 JUL 14

AM 10:19

BILL ORTON FOR CONGRESS 2016 COMMITTEE

ADDRESS (number and street)

1225 W 64th STREET #209



(Check if address  
is changed)

LONG BEACH

CITY ▲

CA

STATE ▲

90802

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

billorton2000@aim.com

Optional Second E-Mail Address

billorton2000@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

www.treatitlikealcohol.com

2. DATE

07

04

2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

WILLIAM R "BILL" ORTON

Signature of Treasurer

William R. Bill Orton

Date

07

04

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

WILLIAM R. "Bill" GATON

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

CA

District

44

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

BILL ORTON FOR CONGRESS 2016 Committee

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

WILLIAM A BILL ORTON

Mailing Address

225 W 6th St #209

LONG BEACH

CA

90802

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE / TREASURER

Telephone number

562-637-6230

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

WILLIAM A BILL ORTON

Mailing Address

225 W 6th St #209

LONG BEACH

LONG BEACH

CA

90802

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE / TREASURER

Telephone number

562-637-6230

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Bill Deton

225 W 6th St #209

Long Beach CA 90802



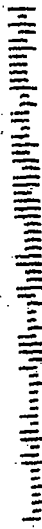
FEDERAL ELECTIONS Commission

999 E Street, NW

Washington DC 20463

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Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

MP  
PREPARER  
(3/2015)

7/14/15  
DATE PREPARED

20150714 00000000